



EMS Jurisprudence Course



Learning Objectives

- Understand and Define the rationale of the jurisprudence exam
- Locate and Identify the locations of EMS rules and regulations
- Understand specific definitions as used in Texas Administrative Code Rules
- Define the requirements for an EMS provider license
- Recognize and understand the reasons and types of disciplinary action against a provider
- Understand the requirements of holding an EMS certification in Texas
- Define the requirements to recertify your license in Texas
- Recognize and understand the reasons and types of disciplinary action against EMS personnel
- Understand requirements for Continuing Education
- Define the requirements for an off-line medical director
- Understand the purpose and requirements of Injury Prevention and Control



What is the Jurisprudence Exam?

- The jurisprudence exam determines the knowledge of the Health & Safety Code - Ch. 773, department rules, and any other applicable laws affecting the applicant's activities regulated by the department.
- This program requirement was approved by the *84th Legislative Session*.
- [§157.33](#) and [§157.34](#) requires EMS providers to provide proof at initial and renewal of a license that all certified or licensed personnel have completed a jurisprudence examination approved by the department.
- This will be monitored two ways – an attestation during the application process and verification during on-site surveys and inspections.

How do I locate Texas EMS Rules, Policies and Statutes?

- There are 2 major volumes which contain Rules, Policies and Statutes – the [Health and Safety Code – Chapter 773](#), and the [Texas Administrative Code \(TAC\) Chapter 157](#)
- In addition the Texas DSHS EMS website has information concerning draft and adopted rules, as well as, links to the above.
- To access go to the [Texas DSHS EMS website](#)
 - On the menu at the right click “[Rules and Policies](#)” or “[Statutes and Laws](#)”



HSC 773- “Emergency Health Care Act”

- Formal title: Health and Safety Code, Title 9 Subtitle B Chapter 773
- Sets forth the rules to govern a system to “provide for the prompt and efficient transportation of sick and injured patients, after necessary stabilization”
- [Sec 773.050](#) – Establishes the authority for defining minimum standards for emergency vehicles, certification (both initial and renewal) of providers and personnel, continuing education and training programs, jurisprudence exams, and prescreening of criminal history.
- [Sec 773.0612](#) – This rule gives authority to DSHS to access records that are directly related to patient care or personnel licensed by the department. Consent for inspection of a vehicle or place of business is implied with the issuance of a certificate or license.
- [Sec 773.064](#) – Outlines reasons for criminal penalties against a provider or certificant.

Chapter 157

- Chapter 157 of the Texas Administrative Code deals specifically with Emergency Medical Services including:
 - Minimum Requirements for an EMS Provider
 - Provider Disciplinary Actions
 - Requirements to become Certified and to maintain Certification
 - Personnel Disciplinary Actions
 - EMS Continuing Education Programs
 - Staffing of EMS Providers
 - Minimum Equipment for EMS Providers



Rule 157.02 Definitions as used in TAC Rules



- Emergency medical services (EMS) personnel:
 - **Emergency care attendant (ECA):**
 - An individual who is certified by the department as minimally proficient to provide emergency prehospital care by providing initial aid that promotes comfort and avoids aggravation of an injury or illness
 - **Emergency medical technician (EMT):**
 - An individual who is certified by the department as minimally proficient to perform emergency prehospital care that is necessary for basic life support and that includes the control of hemorrhaging and cardiopulmonary resuscitation.
 - **Advanced emergency medical technician (AEMT):**
 - An individual who is certified by the department and is minimally proficient in performing the basic life support skills required to provide emergency prehospital or interfacility care and initiating and maintaining under medical supervision certain advanced life support procedures, including intravenous therapy and endotracheal or esophageal intubation.
 - **Emergency medical technician intermediate (EMT-I):** Now known as AEMT
 - **Emergency medical technician-paramedic (EMT-P) or Licensed paramedic:**
 - An individual who is certified by the department as minimally proficient to provide emergency prehospital or interfacility care in health care facility's emergency or urgent care clinical setting, including a hospital emergency room and a freestanding emergency medical care facility by providing advanced life support that includes initiation and maintenance under medical supervision of certain procedures, including intravenous therapy, endotracheal or esophageal intubation or both, electrical cardiac defibrillation or cardioversion, and drug therapy.

Rule 157.02 Legal Terms used in TAC

- Abandonment - Leaving a patient without appropriate medical care once patient contact has been established, unless emergency medical services personnel are following medical director's protocols, a physician directive or the patient signs a release; turning the care of a patient over to an individual of lesser education when advanced treatment modalities have been initiated.
- Scope of practice - The procedures, actions and processes that an EMS personnel are permitted to undertake in keeping with the terms of their professional license or certification and approved by their EMS provider's medical director.
- Standard of care - Care equivalent to what any reasonable, prudent person of like certification level would have given in a similar situation, based on locally, regionally and nationally adopted standard emergency medical services curricula as adopted by reference in §157.32 of this title (relating to Emergency Medical Services Training and Course Approval).
- Response ready - When an EMS vehicle is equipped and staffed in accordance with §157.11 of this title (relating to Requirements for a Provider License) and is immediately available to respond to any emergency call 24 hours per day, seven days per week (24/7).
- Protocols - A detailed, written set of instructions by the EMS Provider medical director, which may include delegated standing medical orders, to guide patient care or the performance of medical procedures as approved.

Rule 157.02 Medical Direction Definitions

- It is important to understand the differences between these definitions as they often get interchanged inappropriately
 - Medical Control - The supervision of prehospital emergency medical service providers by a licensed physician. This encompasses on-line (direct voice contact) and off-line (written protocol and procedural review).
 - Medical Director - The licensed physician who provides medical supervision to the EMS personnel of a licensed EMS provider or a recognized First Responder Organization under the terms of the Medical Practices Act (Occupations Code, Chapters 151 - 165 and rules promulgated by the Texas Medical Board. Also may be referred to as off-line medical control.
 - Medical Oversight - The assistance and management given to health care providers and/or entities involved in regional EMS/trauma systems planning by a physician or group of physicians designated to provide technical assistance.
 - Medical Supervision - Direction given to emergency medical services personnel by a licensed physician under the terms of the Medical Practice Act, (Occupations Code, Chapters 151 - 165) and rules promulgated by the Texas Medical Board pursuant to the terms of the Medical Practice Act.
 - Off-line medical direction - The licensed physician who provides approved protocols and medical supervision to the EMS personnel of a licensed EMS provider under the terms of the Medical Practices Act (Occupations Code, Chapters 151 - 165) and a rules promulgated by the Texas Medical Board (22 Texas Administrative Code, §197.3).



Rule 157.02 Definitions Regarding Certification/Licensing

- Candidate - An individual who is requesting emergency medical services personnel certification or licensure, recertification or relicensure from the Texas Department of State Health Services.
- Certificant - Emergency medical services personnel with current certification from the Texas Department of State Health Services.
- Inactive EMS provider status - The period when a licensed EMS provider is not able to respond or response ready to an emergency or non-emergency medical dispatch.
- Licensee - A person who holds a current paramedic license from the Texas Department of State Health Services (department) or a person who uses, maintains or operates EMS vehicles and EMS personnel to provide EMS and who holds an EMS provider license from the department.
- Practical exam - Sometime referred to as psychomotor, is an exam that assesses the subject's ability to perceive instructions and perform motor responses.
- Recertification - The procedure for renewal of emergency medical services certification.
- Reciprocity - The recognition of certification or privileges granted to an individual from another state or recognized EMS system.
- Relicensure - The procedure for renewal of a paramedic license as described in §157.40 of this title (relating to Paramedic Licensure); the procedure for renewal of an EMS provider license as described in §157.11 of this title.

Rule 157.02 Other Personnel Definitions

- Administrator of Record (AOR) - The administrator for an EMS provider who meets the requirements of Health and Safety Code, §773.05712 and §773.0415.
- Course medical director - A Texas licensed physician approved by the department with experience in and current knowledge of emergency care who shall provide direction over all instruction and clinical practice required in EMS training courses. The medical director for this course is Dr. Juan Fitz.
- Designated infection control officer - A designated officer who serves as a liaison between the employer's employees who have been or believe they have been exposed to a potentially life-threatening infectious disease, through a person who was treated and/or transported, by the EMS provider.
- Emergency medical services (EMS) operator - A person who, as an employee of a public agency, as that term is defined by Health and Safety Code, §771.001, receives emergency calls.
- Regional Advisory Council (RAC) - An organization serving as the Department of State Health Services recognized health care coalition responsible for the development, implementation and maintenance of the regional trauma and emergency health care system within the geographic jurisdiction of the Trauma Service Area. A Regional Advisory Council must maintain §501(c)(3) status. The Border RAC is the RAC servicing El Paso.

Rule 157.11 Requirements for an EMS Provider License

- This rule details guidelines for EMS Provider Organizations (EMS Services)
- Fees for obtaining status as an EMS Provider are defined here, as well as, what documentation is required.
- EMS in Texas is a delegated practice as defined in §157.003. This means that authority to practice or not to practice certain procedures or treatments comes from your medical director.
- Staffing Requirements for different service levels (BLS, ALS, MICU, etc)
- Minimum Equipment required for different service levels
- Treatment and Transport Protocol Requirements
- EMS Provider Responsibilities

157.11(a)(G) Administrator of Record Requirements

- Every EMS service must have a designated EMS Administrator of Record (AOR)
- The AOR cannot be employed by another provide for profit EMS provider
- Must meet the qualifications and hold a Texas EMT certification or other health care professional license issued by the State of Texas
- Must submit a criminal history record check
- Must complete an initial education course regarding state and federal laws and rules that affect EMS.
- Must annually complete 8 hours of continuing education related to the Texas and federal laws and rules related to EMS.

157.11(h) Minimum Staffing Requirements

- A staffing plan must be submitted by every EMS Provider stating how they will provide coverage of the service area and establish a formal system of communication when not providing services
 - Must include each response person assigned to staff EMS vehicles by name, level, and DSHS ID number
- Each service level has specific requirements of staffing at minimum:
 - BLS – Minimum of 2 emergency care attendants (ECA)
 - BLS with ALS – Minimum for BLS, 1 AEMT or higher and 1 EMT for ALS
 - BLS with MICU – Minimum for BLS, 1 Paramedic and 1 EMT for MICU
 - ALS – Minimum 1 AEMT and 1 EMT
 - ALS with MICU – Minimum for ALS, 1 Paramedic and 1 EMT for MICU
 - MICU - 1 Paramedic and 1 EMT
 - Specialized – Minimum of 2 personnel appropriately licensed as determined by the type and application of the specialized purpose.

157.11(k) Minimum Equipment Requirements

- All BLS with ALS or MICU capability must have a procedure in place to secure all ALS/MICU medications when acting at the BLS level.
- Vehicles must have specific equipment based on the vehicles level of license.
- All EMS vehicles must carry equipment to administer the BLS scope of practice.
- All EMS vehicles must have a written or electronic formatted protocols with a current medication and supply list.
- All EMS vehicles must have operable emergency warning devices

157.11(k) Minimum Equipment Requirements

- All EMS vehicles must also carry:
 - PPE for all crew which includes medical gloves, eye protection, NIOSH approved N95, gowns, and cleaning/disinfectants.
 - Sharps containers and biohazard bags
 - Portable, battery powered flashlights
 - Mounted, inspected 5 pound ABC fire extinguisher
 - “No Smoking” signs posted in the cab and patient compartment
 - Current Emergency Response Guide Book
 - 25 triage tags

157.11(k) Minimum Equipment Requirements

- All BLS Vehicles Must Carry:
 - Equipment for monitoring patients vital signs (BP Cuff, SPO2,etc)
 - Airway, ventilation, oxygenation devices including OPA's, portable and mounted suction, BVM's
 - Portable and mounted oxygen
 - Spinal immobilization devices and rigid cervical immobilization devices
 - Dressing, bandaging and splinting material and devices
 - External cardiac defibrillator with 2 sets of Adult and 2 sets of pediatric pads
 - Pharmaceuticals as required by medical director
 - Epinephrine auto injector or similar device
 - Commercial tourniquet (CAT, SWAT-T, etc)
 - Patient transport device – secured to vehicle.

157.11(k) Minimum Equipment Requirements

- All MICU Vehicles Must Carry:
 - All Required BLS Equipment
 - All Required ALS Equipment
 - 12 lead capable cardiac monitor with transmission capability
 - Pharmaceuticals as required by Medical Director protocols.



157.11(i) Treatment and Transport Protocols

- An EMS provider must submit written delated standing orders for patient treatment and transport which are approved and signed by medical director.
- Protocols must have an effective date
- Must address non-EMS certified or licensed medical personnel who may provide patient care on behalf of the provider (Nurse, RT, PA, NP)
- Must address used of all required, additional and specialized medical equipment, supplies and pharmaceuticals
- Must identify delegated procedures
- Must indicate specific applications, including geographical area and duty status of personnel.

157.11(n) Responsibilities of the EMS Provider

- Applies to all EMS Providers in Texas (EMS Services)
- Assure all response ready and in service vehicles are available 24 hours a day in operational condition with all required equipment and supplies
- Develop, implement, maintain and evaluate a system wide QA/PI program
- Provide attestation that staff will participate in local RAC
- Ensure all personnel are certified or licensed by DSHS
- Assure that all personnel when “in service” are identified by last name and first initial and certification or license level and providers name.

157.11(n) Responsibilities of the EMS Provider

- Assure the confidentiality of all patient information is in compliance with all federal and state laws
- Assure that Informed Treatment/Transport Refusal forms are signed by all persons refusing service
- Assure that patient care reports are completed accurately for all patients
- Assure that patient care reports are provided to receiving facilities within 24 hours of delivery
 - Abbreviated documented report can be provided at time patient is delivered
 - May follow local RAC's process for abbreviated documentation

157.11(n) Responsibilities of the EMS Provider

- Assure that all pharmaceuticals are stored according to conditions as approved by EMS Medical Director
- Ensure that staff completes readiness inspections as written in EMS Providers Policy
- Assure that there is a preventive maintenance plan for vehicles and equipment
- Assure that staff has reviewed policies and procedures
- Enforce all policies, procedures and protocols

157.11(n) Responsibilities of the EMS Provider

- Maintain adequate medical reports for a minimum of 7 years from the anniversary date of last treatment
 - If patient was < 18 years of age when last treated the medical reports shall be maintained until patient reaches age 21 or for 7 years whichever is longer
 - May destroy medical records relating to any civil, criminal or administrative proceeding only if the provider knows proceeding has been finalized.
 - Retain medical records for a longer time if mandated by other federal or state statutes or regulations
 - May transfer ownership to another provider – must be in writing
 - Destruction of medical records must be done in a manner that maintains confidentiality
- All medical records must be maintained at the primary place of business

157.11(n) Responsibilities of the EMS Provider

- Monitor and enforce compliance with all policies and protocols
- Assure provisions for disposal of medical and biohazardous waste
- Assure that all response data required by DSHS is submitted according to §103.5
- Assure compliance with terms of first responder agreements
- Assure that documents, reports or information provided to department and to hospital are current, accurate and complete

157.11(n) Responsibilities of the EMS Provider

- Must notify DSHS within 1 (one) business day if there is a change in the medical director
- Assure that whenever there is a change in the EMS providers name, assumed name or printed name on vehicles DSHS is notified within 30 days
- Assure that DSHS is notified within 30 business days when:
 - A vehicle is sold
 - Change in the level of service
 - Change in the declared service area
 - Change in business mailing address
 - Change in the physical location of the business
 - Change in physical location of patient report file storage
 - Change in administrator of record

157.11(n) Responsibilities of the EMS Provider

- Develop and maintain written SOP's that address:
 - PPE use, immunizations, infection control procedures, management of workplace exposure
 - Emergency vehicle operation
 - Process for credentialing of new response personnel which must include:
 - comprehensive orientation session
 - internship period
 - Appropriate documentation of patient care
 - Readiness inspections, security of medications, fluids and controlled substances.

157.11(n) Responsibilities of the EMS Provider

- Insure that continuous coverage is provided for service area
- Respond to requests for assistance from the highest elected official during a declared emergency or mass casualty situation
- Provide written notice to the department, RAC, and Emergency Medical Task Force if provider will make staff and equipment available during a declared emergency
- Assure all personnel receive continuing education on anaphylaxis treatment protocols.

157.11(n) Responsibilities of the EMS Provider

- Assure that manufacturers operating instructions for all critical patient care electronic or technical equipment is available
- Assure that department is notified within 5 business days of a collision involving an in service vehicle.
 - Changes to 1 day if personal injury or death results to any person
- Must maintain vehicle liability insurance
- Must maintain professional liability coverage to the minimum amount of \$500,000 per occurrence
- All patients transported by stretcher must be in a DSHS authorized EMS vehicle

157.16 EMS Provider Disciplinary Actions

- This rule is specific to EMS Providers (EMS Services)
- Specifies reasons for disciplinary actions
- Specifies the types of Disciplinary Action
- EMS Providers ultimately have accountability for their actions and the actions of their staff members
 - Does not allow EMS providers to claim “ignorance” as a defense when staff repeatedly have violations
 - EMS providers current policies, protocols and procedures will be considered

157.16(a) Emergency Suspension

- DSHS may issue an emergency suspension to any licensed EMS provider if there is reasonable belief that the provider creates an imminent danger to public safety or health
- Effective immediately without a hearing or notice
 - Notice is presumed on the date order sent to AOR
 - Notice will be provided to medical director and other entities provider is associated with
- If hearing is requested it will not be earlier than the 10th day nor later than the 30th day after request is received.

157.16(b) Administrative Penalty

- Penalty may be assessed if:
 - EMS provider is in violation of Chapter 773, 25 Texas Administrative Code Chapter 157
 - Reasons outline in subsections (c) and (d) of Rule 157.16

157.16(d) Nonemergency Suspension or Revocation

- May be suspended due to:
 - Failure to comply with any requirement of provider licensure as defined in 157.11
 - Operating under a suspended license or falsifying a license
 - Failure to correct deficiencies
 - Failure to maintain patient confidentiality
 - Discriminating in the provision of service based on national origin, race, color, creed, religion, gender, sexual orientation, age, mental or physical disability
 - Falsifying any document resulting from or pertaining to EMS provider responsibilities
 - Failure to give true and complete information to DSHS when requested
 - Failure to pay an administrative penalty
 - Failure to staff each vehicle in service or response ready

157.16(d) Nonemergency Suspension or Revocation

- May be suspended due to:
 - Operating, directing or allowing staff to operate vehicle warning devices unnecessarily
 - Operating, directing or allowing staff to operate EMS vehicle in an unsafe or reckless manner
 - Operating, directing or allowing staff to operate EMS vehicle that is not mechanically safe and clean
 - Having been found in violation of any local, state, or national code or regulation pertaining to EMS operations or business practices

157.16(e) Denial of License

- May be denied due to:
 - Failure to meet licensing requirements in 157.11
 - One of the owners having a history of misdemeanor or felony
 - Previous conduct while holding an EMS provider license which could put any person at risk
 - Falsifying or misrepresenting any fact or requirement for a EMS provider or EMS personnel license/certificate
 - Issuing a check for application for a provider license which is returned unpaid (bounced check)

157.16 Recourse of Administrative Action

- An EMS Provider May:
 - Receive notice of any proposed or actual denial, suspension or revocation of a provider license
 - Will be sent to Administrator of Record
 - Will state alleged facts or conduct to warrant proposed action
 - Request a Hearing
 - Must be in writing and submitted no later than 30 days after date of the notice
 - Shall be conducted according to Administrative Procedure Act, Government Code, Chapter 2001
 - If candidate, applicant or licensee does not request a hearing, they have waived the right
 - Re-application- May petition for a reapplication 2 years after any action to revoke or deny
 - Surrender a license – constitutes a “no contest” plea to any imminent disciplinary action
 - Notification of disposition – A notice of final disposition will be sent to the AOR and medical director and any known entity license holder is associated with.

157.33 Certification Requirements

- At least 18 years of age
- Have a high school diploma or GED certificate
- Successfully completed a DSHS approved course and applied within 2 years of initial completion date.
- Completed a state approved jurisprudence examination
- Submit an application meeting requirements of 157.3 and paying the fee:
 - \$60 for ECA or EMT
 - \$90 for AEMT or EMT-P
 - Free for Volunteers receiving no compensation
- Provide evidence of active or inactive NREMT certification
- Submit fingerprints through state approved fingerprinting service

157.33 Certification Length

- A candidate who meets the requirements for certification shall:
 - Be certified for 4 years beginning on the date of issuance
 - Must verify current certification before staffing an EMS vehicle
 - May be verified by the applicants receipt of the official department identification card or using the DSHS certification website
 - Website is at: <https://vo.ras.dshs.state.tx.us/datamart/login.do>

157.33 Reciprocity

- A person who is currently certified by NREMT but did not complete a department approved course may apply for an equal level certification
- A person currently certified by another state may apply for equal level certification
- Must complete a reciprocity application and pay fee of \$120
- Must maintain current certification until Texas certification is issued
- Must meet all other requirements of certification
- Reciprocity is not allowed for the ECA level

157.33 Responsibilities of EMS Personnel

- Must make accurate, complete and clearly written patient care reports as per EMS providers policy
- Report to employers, appropriate legal authority or DSHS of abuse, injury to patient or public within 24 hours
- Follow the approved medical directors protocol and policies
- Take precautions to prevent misappropriation of medications, supplies, equipment, personal items, or money
- Maintain skills and knowledge to perform the duties or meet the responsibilities required of current EMS certification
- Notify the department of a change of mailing address within 30 days

157.34 Recertification Requirements

- Must request recertification 30 days prior to expiration of certificate
- Complete an application and meet all requirements for renewal no more than 1 year prior to expiration date
- Must submit fees as follows:
 - \$60 for ECA or EMT
 - \$90 for AEMT or EMT-P
- May request voluntary downgrade
- Provisions granted to military personnel who are deployed

157.34 Recertification Options

- Upon submission of a completed recertification application the applicant must commit to recertify through one of 5 options
 - **Written examination process** – Must pass the NREMT assessment exam with an overall score of 70. May attempt up to 2 retests. May not apply for recertification through any other option if fail
 - **Continuing Education** – Must attest to accrual of department approved EMS CE
 - **National Registry** – Must attest to and hold current National Registry certification
 - **Formal Course** – Must attest to successful completion of a department approved recertification course
 - **CCMP** – Must be credentialed and enrolled in providers CCMP and provide a written statement signed by providers medical director

157.34 Late Recertification

- A certification that has expired is late and that individual cannot function in the capacity of EMS Personnel
- If certificate has been expired for 90 days or less may submit an application with a fee that is equal to 1-1/2 times the normal fee
- If certificate has been expired for more than 90 days but less than 1 year must submit an application with a fee that is equal to 2 times the normal fee
- Certification period is 4 years from date of issuance
- If certificate has expired for more than one year – cannot renew – must take a department approved course

157.36 EMS Personnel Disciplinary Actions

- DSHS has the right to bring about disciplinary action to any EMS Personnel not meeting the standards and requirements of licensure/certification
- EMS personnel have a right to request a formal hearing
- EMS personnel have a right to notification and alleged facts or conduct to warrant proposed action
- EMS personnel have a right to receive probated suspension
- EMS personnel have a right to reapplication after 2 years of denial, revocation or suspension
- EMS personnel have a right to receive notification of disposition

157.36 Reasons for Disciplinary Actions

- Approximately 50 rules/reasons for disciplinary actions listed in [Rule 157.36](#)
- Failure to meet the standards listed above
- Previous conduct contrary to accepted standards as described in HSC, Chapter 773
- Having been convicted or placed on deferred adjudication community supervision or deferred disposition for a criminal offense covered under provisions of rule 157.37
- Receiving disciplinary action related to any other license/certification issued in Texas, another state, US territory, another nation or by NREMT
- Falsifying any Texas application for certification/licensure
- Issuing payment that has been returned (bounced check)
- Misrepresentation of requirements for certification/licensure
- Staffing an EMS vehicle that is in service when license is expired, revoked or suspended
- Failure to maintain skill, knowledge or academic acuity to accurately perform duties.

157.36 Types of Disciplinary Actions

- Emergency suspension – the commissioner can issue an emergency suspension order if reasonable cause to believe the certificant/licensee creates an imminent danger to public health or safety
 - Effective immediately and without notice
- Non emergent suspension, revocation or denial of renewal
- Cannot incarcerate an EMS personnel

157.38 Continuing Education

- The purpose of this section is to establish minimum standards and guidelines for educational activities that may be used by EMS personnel to earn continuing education (CE) contact hours toward recertification or relicensure in accordance with §157.34 of this title, (relating to Recertification) and §157.40 of this title, (relating to Paramedic Licensure).
- The EMS continuing education consists of educational activities designed to promote and enrich knowledge, improve skills, and develop attitudes for the enhancement of professional practice, thus improving the quality of emergency medical services provided to the public.

157.38 Local Credentialing and Authorization

- Nothing in this section is intended to restrict the authority of EMS providers or medical directors to establish higher standards and requirements for continuing education activities that must be completed to acquire or maintain authorization to practice within a local or regional EMS system.
- Candidates at each certification level shall, at a minimum, accrue department-approved CE in the following content areas.

157.38 Continuing Education Definitions

- Accrediting agency--An organization approved by the department as having met predetermined criteria to approve programs and providers of EMS continuing education. (3) Continuing Education Audit-- Examination and verification of EMS continuing education contact hours claimed to have been successfully and timely completed by certified or licensed EMS personnel.
- Classroom instruction--Workshops, seminars, conferences, or short-term courses that an individual personally attends and which is directly related to one of the content areas noted in subsection (c) of this section.
- Contact hour--Fifty consecutive minutes of participation in a learning activity.
- Credit course--A specific set of learning experiences offered at a regionally accredited institution of higher education for semester or quarter credit hours.
- Continuing Education Provider--An individual, partnership, organization, agency, or institution that offers EMS continuing education programs, courses, credit courses, classroom instruction, or other EMS educational activities.
- Self-directed study--An educational activity in which the learner takes the initiative and the responsibility for assessing, planning, implementing, and evaluating the activity. Self-directed study may include program development, home study, electronically programmed instruction, and authorship.

157.38 Acceptable Continuing Education

- “Approved Educational Activities” refers to workshops, seminars, conferences, short term courses, credit courses or CE courses provided by accredited institutions, clinical experiences, individual instruction, and distributive learning courses
- Developing, teaching or presenting “approved educational activities”
- Precepting students in the clinical or field internship phases

157.38 Acceptable Continuing Education

- Unacceptable Activities not accepted toward recertification:
 - Education incidental to regular professional activities
 - Orientation programs sponsored by employers (ie new employee)
 - Meetings and activities such as in service programs which are required as part of employment
 - Organizational activity such as serving on committees, councils, or as an officer or board member
 - Higher education credit courses that are audited
 - First aid or CPR courses designed for lay persons
 - Identical CE repeated more than once during accrual period.

157.38 Responsibilities of EMS Personnel

- EMS personnel must select and participate in continuing education activities that meet criteria listed in 157.38 (h) and (i)
- Responsible for maintaining written certifications of successful completions of EMS continuing education courses or educational activities for 5 years after dates of completion.
- Complete and accurate copies of documentation shall be submitted to department upon departments request

157.38 Continuing Education Audits

- DSHS may audit any individual seeking recertification through CE
- May audit personnel in response to a complaint
- Automatic for certified/licensed personnel non-compliant in preceding audit
- Must provide within 30 days following notification of audit all documentation DSHS determines is necessary
- DSHS may use on site observation, audits of records and other appropriate methods to evaluate the performance of CE providers

197.3 Off-line Medical Direction

- Comes from [Title 22, Part 9, Chapter 197](#)
- Establishes who can and cannot be an offline medical director
- Establishes the responsibilities of an off-line Medical Director

197.3 Requirements

- Must be a physician licensed to practice in Texas and registered as an EMS Medical Director with Texas DSHS.
- Must be familiar with the design and operation of EMS systems.
- Experienced in prehospital emergency care and emergency management of ill and injured patients
- Actively involved in training and/or continuing education of EMS personnel, QA/QI of EMS personnel, and the administrative and legislative environments
- Must be knowledgeable about local multicasualty plans
- Must be familiar with dispatch and communications operations of prehospital emergency units
- Must be knowledgeable about laws and regulations affecting local, regional and state EMS operations

197.3 Duties of Off-line Medical Director

- Established protocols regarding the level of prehospital care which will be rendered locally by each EMS personnel under his/her supervision and how to handle a variety of situations encountered by prehospital crews
- Establish and monitor compliance with field protocols
- Establish and monitor compliance with training guidelines
- Direct an effective system audit and quality assurance program
- Take or recommend appropriate remedial, corrective or punitive measures for EMS personnel.

197.3 Physicians Who May Not Be Off-line Medical Director

- May not hold position of off line medical director if physician has been suspended or revoked for cause by any governmental agency or the physician has been excluded from Medicare, Medicaid or CHIP.
- May not hold this position of currently medical director for 20 or more EMS provider (services)
- May not hold the position if proper credentialing has not been maintained with DSHS.

103 Injury Prevention and Control

- This chapter designates the Executive Commissioner as having authority and oversight at controlling injury
- Establishes rules which allow the Executive Commissioner or someone designated (DSHS field offices) to:
 - Establish and maintain a trauma reporting and analysis system (Trauma Registry)
 - Contact appropriate entities and obtain medical data if there is a suspected case of a reportable event (typically communicable disease)
 - Provide data from the trauma registry for statistical and epidemiological purposes
 - Allows the department to enter any public place or building in efforts to prevent injury (ie Restaurants, Amusement Parks etc)

103 Infection Control Definitions

- **Case**--A person in whom an injury is identified by a physician or medical examiner based upon clinical evaluation, interpretation of laboratory and/or radiological findings, and an appropriate exposure history.
- **Registries** --The Texas EMS & Trauma Registries is the statewide database housed within the department; responsible for the collection, maintenance, and evaluation of medical and system information related to required reportable events as defined in this section.
- **Reportable event**--Any injury or incident required to be reported under this chapter.
- **Significant trauma injuries**--Other severely injured trauma patients whose injury meets the department's inclusion criteria based on the data dictionaries and admitted to a hospital inpatient setting for more than 48 hours, or died after receiving any evaluation or treatment, or was dead on arrival, or transferred into or out of a hospital.
- **Trauma service area (TSA)**--A multi-county area in which an emergency medical services and trauma care system has been developed by a Regional Advisory Council and has been recognized by the department.

103 Confidentiality of Records

- All information and records relating to injuries received by the local health authority or the department, including information electronically submitted to the Texas EMS & Trauma Registries and information from injury investigations, are sensitive, confidential, and not public records.
- These records shall be held in a secure place and accessed only by authorized personnel. All communications pertaining to these records shall be clearly labeled "Confidential" and will follow established departmental internal protocols and procedures.

103 Reporting Requirements for EMS Providers

- All data must be transmitted electronically to the Texas EMS & Trauma Registries within ninety calendar days of the date of call for assistance; monthly submissions are recommended.
- EMS providers must report no reportable data (NRD) to the Registries monthly for any given month with no runs.
- An EMS provider may use third-party services to submit data to the Registries. A legally binding agreement must exist between the EMS provider and the third-party services. Documentation of the legally binding agreement must be provided to the department for third-party services to submit the data on behalf of the EMS provider within the Registries.
- If an EMS provider uses the third-party services, the EMS provider is ultimately responsible for the complete, accurate and timely reporting of data to the Registries.